

FORM PTO-1449 (modified)			Attorney Docket No.: 2545-0503
To: U.S. Patent and Trademark Office			Applicant: Cocchi et al 10/577831
Information Disclosure Statement by Applicant			Appln. S.N.:
			Filing Date: May 1, 2006
			Examiner:
			Group Art Unit:

Date: May 1, 2006	Page 1 of 1
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U.S. PATENT/PATENT APPLICATION DOCUMENTS

Examiner's Initials	Document Number	Date MM/YYYY	Name (Family Name of First Inventor)	Class	Sub Class	Filing Date (if appropriate)
AR	3,830,407	08/1974	Wierlo			
BR						
CR						
DR						
ER						
FR						
GR						
HR						
IR						
JR						
KR						
LR						
MR						
NR						

FOREIGN PATENT DOCUMENTS

		Document Number	Date MM/YY YY	Country	Inventor Name	English Abstract	Translation Readily Available?
	OR	EP0599140A1	06/1994	EPO	Cocchi	<input type="checkbox"/>	<input type="checkbox"/>
	PR	EP0701777A2	03/1996	EPO	Roeder	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	QR	WO 98/31238	07/1998	PCT	Morris-Watson	<input type="checkbox"/>	<input type="checkbox"/>
	RR	EP0728417A2	08/1996	EPO	Cocchi	<input type="checkbox"/>	<input type="checkbox"/>
	SR					<input type="checkbox"/>	<input type="checkbox"/>
	TR					<input type="checkbox"/>	<input type="checkbox"/>
	UR					<input type="checkbox"/>	<input type="checkbox"/>
	VR					<input type="checkbox"/>	<input type="checkbox"/>
	WR					<input type="checkbox"/>	<input type="checkbox"/>
	XR					<input type="checkbox"/>	<input type="checkbox"/>

OTHER (Including in this order Author, Title, Periodical Name, Pertinent Pages, etc.)

YR		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ZR		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
AAR		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
BBR		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CCR		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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